



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054400002

CITY OR TOWN HOPKINTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CARBONE'S RESTAURANT INC.

DOING BUSINESS AS

ADDRESS 280 CEDAR ST.

CITY/TOWN: HOPKINTON

STATE: MA

ZIP CODE: 01748

MANAGER: CARBONE, PETER TYPE OF LICENSE: Restaurant  
JR.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, FOUR PUBLIC ROOMS, ONE KITCHEN AND THREE STORAGE ROOMS. ONE  
ENTRANCE AND FOUR EXITS ON CEDAR ST

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054400003

CITY OR TOWN HOPKINTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SCANLON LLC

DOING BUSINESS AS CORNELL'S IRISH PUB

ADDRESS 229 HAYDEN ROWE ST.

CITY/TOWN: HOPKINTON

STATE: MA

ZIP CODE: 01748

MANAGER: SCANLON, COLM TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ADDITION: TO INCLUDE OUTDOOR PATIO AREA OF APPROX. 436 S/F TO BE USED FOR CONSUMPTION OF FOOD & ALCOHOL.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054400009

CITY OR TOWN HOPKINTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WOODVILLE ROD & GUN CLUB INC.

DOING BUSINESS AS

ADDRESS 252 WOOD ST. RTE 135

CITY/TOWN: HOPKINTON

STATE: MA

ZIP CODE: 01748

MANAGER: HAHN, CARL

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 1/2 FLOORS; FIRST FLOOR; FUNCTION HALL, MEETING ROOM AND KITCHEN, MENS ROOM. SECOND FLOOR; BALCONY TO FUNCTION HALL, STORAGE SPACE AND TWO LADIES ROOMS; CELLAR PISTOL RANGE. OUTDOOR AREA BORDERED BY ROPE BARRIER WHEN IN USE.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054400010

CITY OR TOWN HOPKINTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HOPKINTON WINE & SPIRITS, INC.

DOING BUSINESS AS HOPKINTON WINE & SPIRITS

ADDRESS 77 WEST MAIN STREET

CITY/TOWN: HOPKINTON

STATE: MA

ZIP CODE: 01748

MANAGER: JOHNSON,  
CLELLAND

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 2500 SQ. FT. OF RETAIL SPACE ON THE 1ST. FL. AND 500 SQ. FT. OF STORAGE SPACE IN BASEMENT. THE STORE WILL HAVE AN ENTRANCE ON BOTH W. MAIN ST. & LUMBER STREET.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054400011

CITY OR TOWN HOPKINTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COLELLA'S SUPER MARKET,INC.

DOING BUSINESS A

ADDRESS 61 MAIN ST

CITY/TOWN: HOPKINTON

STATE: MA

ZIP CODE: 01748

MANAGER: DANAHY, DALE T TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY MASONRY BUILDING WITH ENTRANCE AND EXIT ON MAIN ST AND MAIN  
ENTRANCE NOW OFF REAR OF BUILDING. NO CELLAR, OFFICES UPSTAIRS, RECEIVING  
DOOR AT REAR OF BUILDING OFF GROVE ST

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054400012

CITY OR TOWN HOPKINTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: W T POND, CORPORATION

DOING BUSINESS AS OLD TOWN LIQUORS

ADDRESS 68-72 MAIN ST

CITY/TOWN: HOPKINTON

STATE: MA

ZIP CODE: 01748

MANAGER: FRENCH, PAMELA TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR. TWO ROOMS FOR PUBLIC ENTRANCE AND EXIT ON MAIN ST. CELLAR AND BARN FOR STORAGE-REAR EXIT AND DELIVERY DOOR ON DRIVEWAY ON WEST SIDE OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054400014

CITY OR TOWN HOPKINTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRIAD DEVELOPMENT & MANAGEMENT LLC

DOING BUSINESS AS HOPKINTON C.C.

ADDRESS 204 SADDLE HILL ROAD

CITY/TOWN: HOPKINTON

STATE: MA

ZIP CODE: 01748

MANAGER: GORDON,  
TIMOTHY J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054400015

CITY OR TOWN HOPKINTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: P AND L INC.

DOING BUSINESS AS DYNASTY RESTAURANT

ADDRESS 77 WEST MAIN ST

CITY/TOWN: HOPKINTON

STATE: MA

ZIP CODE: 01748

MANAGER: LIANG, YUN PING TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF BLDG, TWO ENTRANCES AND EXITS, 4060 SQ.FT. SUSHI BAR IS IN  
SMALLER DINING ROOM W/ SEATING FOR 14

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054400019

CITY OR TOWN HOPKINTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE MARATHON RESTAURANT AT NORTH POND LLC

DOING BUSINESS AS THE MARATHON RESTAURANT AT NORTH POND

ADDRESS 25 HAYWARD STREET

CITY/TOWN: HOPKINTON

STATE: MA

ZIP CODE: 01748

MANAGER: TOBINS,  
MICHAEL D.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

1 1/2 STORY BLDG. 3 RMS ON 1ST FLR, FOR BUSINESS OFFICE SPACE ON 2ND FLR. CLAR FOR STORAGE. 1 ENT./EXIT ON HAYWARD ST. 1 ON SOUTH ST., AND 1 ON OLD TOWN ROAD. SEATING 75. ADDITION OF RM ON 2ND FL. FOR 40 PERSON DINING/FUNCTION ROOM 33' X 27' EXIT TO OUTSIDE STAIR CASE TO PARKING. LOT ADDITION: 420 SQ. FT. 6-TABLES & 24 SEATS PARKING LOT WESTSIDE OF BLDG. AREA DELINEATED BY PLANTERS AND ROPING OFF AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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*Boston, MA 02114*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054400020

CITY OR TOWN HOPKINTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GOLDEN VENTURES, INC.

DOING BUSINESS AS GOLDEN SPOON

ADDRESS 85 WEST MAIN STREET

CITY/TOWN: HOPKINTON

STATE: MA

ZIP CODE: 01748

MANAGER: MORGAN,  
WILLIAM W.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

COFFEE SHOP AT CORNER OF LUMBER & MAIN ST. ONE EXIT/ ENTERANCE FROM  
LUMBER ST. TWO STORY WOOD BLDG. 2ND FLOOR STORAGE, 2 OFFICES. 1ST. FLOOR  
KITCHEN AND DINING ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054400021

CITY OR TOWN HOPKINTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHRISTOS Z. SIARKOS AND MARIA SIARKOS

DOING BUSINESS AS BILL'S PIZZA AND RESTAURANT

ADDRESS 14 MAIN STREET

CITY/TOWN: HOPKINTON

STATE: MA

ZIP CODE: 01748

MANAGER: SIARKOS,  
CHRISTOS Z.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 DINING AREAS ON 1ST FLOOR. OFFICE AND RESTROOMS IN BACK OF DINING AREAS.  
SERVICE COUNTER, KITCHEN AND FOOD PREP AREA TO SIDE AND BACK OF DINING  
AREAS. ONE EXIT/ENTRANCE IN FRONT. 2ND ENTRANCE/EXIT IN REAR. DELIVERY OFF  
KITCHEN AREA. STORAGE IN BASEMENT.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054400024

CITY OR TOWN HOPKINTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ZIO'S BISTRO,INC.

DOING BUSINESS AS ZIO'S BISTRO

ADDRESS 15 MAIN ST

CITY/TOWN: HOPKINTON

STATE: MA

ZIP CODE: 01748

MANAGER: WINSHMAN,KIMB TYPE OF LICENSE: Restaurant  
ERLY

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PORTION OF 15 MAIN ST FORMERLY USE AS A RESTAURANT.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054400025

CITY OR TOWN HOPKINTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ZIO'S BISTRO INC.

DOING BUSINESS A

ADDRESS

CITY/TOWN: HOPKINTON

STATE: MA

ZIP CODE: 01748

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

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By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 054400026

CITY OR TOWN HOPKINTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ZIO'S QUATTRO, INC.

DOING BUSINESS AS ZIO'S QUATTRO, INC

ADDRESS 22 SOUTH STREET

CITY/TOWN: HOPKINTON

STATE: MA

ZIP CODE: 01748

MANAGER: WINSHAM,  
KIMBERLY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BUILDING A, SUITE A, FIRST FLOOR, HOPKINGTON SQ, 22 SOUTH ST., (MAIN AND SOUTH STREETS, HOPKINGTON MA. ONE FRONT AND ONE REAR PUBLIC ENTRANCES AND ONE DELIVERY ENTRANCE AND 2865 SQ.FT. LOCATION

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:

\_\_\_\_\_